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## APPLICANTS

James W. Blease, Avon, NY;

LuAnn K. Weinstein, Rochester, NY;

\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged Examiner's Signature: <u>Deborah A. Rouse</u> Initials: _____				

## ADDRESS

Paul A. Leipold  
Patent Legal Staff  
Eastman Kodak Company  
343 State Street  
Rochester, NY  
14650-2201

## TITLE

Ink jet ink set

FILING FEE  RECEIVED 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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